



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
**104<sup>th</sup> AREA SUPPORT GROUP**  
**Unit 20193, Box 0001**  
**APO AE 09165**

IMEU-HAN-ZB

7 June 2005

**MEMORANDUM FOR**

Commander 221<sup>st</sup> BSB (IMEU-WSB-ZA), APO AE 09096  
Commander 222<sup>nd</sup> BSB (IMEU-BMH-ZA), APO AE 09034  
Commander 284<sup>th</sup> BSB (IMEU-GSS-ZA), APO AE 09169

**SUBJECT:** Standard Operating Procedure (SOP) for Collecting Funds for Loss, Damage, or Destruction to Government Property

**1. REFERENCES:**

- a. AR 735-5, Policies and Procedures for Property Accountability, 28 February 2005.
- b. Section 2775, Title 10, United States Code (10 USC 2775), 6 January 2003.
- c. USAREUR Regulation 690-62, US Forces Claims Against Local National Employees in Germany, 9 July 1987.

**2. APPLICABILITY:** This standard operating procedure applies to all personnel within the 104<sup>th</sup> ASG and its subordinate organizations.

**3. Garnishment of wages after assessment of financial liability for Loss, Damage, or Destruction (LDD) to government property has been determined for:**

a. Department of the Army Civilians (DACs):

(1) Required:

(a) Liability is limited to 1/12 of their annual pay, some exceptions may apply (Housing: in the event gross negligence or willful misconduct of the occupant or gross negligence or intentional misconduct of the sponsors dependents, guests or pets is determined for the LDD to military housing the sponsor is liable for the full amount of the LDD).

(b) Must allow 30 calendar days to elapse from the date notification of assessment of financial liability has been mailed or hand delivered to the respondent before collection efforts may begin.

(c) A cover sheet with all information regarding request to include statement requesting money to be taken from civilian's pay including social security number (SSN).

(d) DD Form 2481 (Request for Recovery of Debt due to the United States by Salary Offset) signed by Commander – on form select 1 for # of installments and obtain/provide appropriate fund site information from DRM.

(e) DD Form 200 (Financial Liability Investigation of Property Loss) with all exhibits to include OSJA review and all respondent documentation if any.

(2) Submit information certified, return receipt, through U.S. Postal System (retain copy of tracking information and keep on file) to the Financial Accounting Office (FAO); DFAS Charleston, P.O. Box 11805 Charleston, SC 29423-8055, ATTN: INDEBTEDNESS BRANCH.

b. Military personnel:

(1) Required:

(a) Liability is limited to one month basic pay, some exceptions may apply (Housing: in the event gross negligence or willful misconduct of the occupant or gross negligence or intentional misconduct of the sponsors dependents, guests or pets is determined for the LDD to military housing the sponsor is liable for the full amount of the LDD).

(b) Must allow 30 calendar days to elapse from the date notification of assessment of financial liability has been mailed or hand delivered to the respondent before collection efforts may begin.

(c) A cover sheet regarding request with all information to include statement requesting money to be taken from Soldier's pay (to include SSN).

(d) DA Form 200 (Transmittal Record) \*required if hand delivering, otherwise disregard.

(e) DD Form 200 (Financial Liability Investigation of Property Loss) with all exhibits to include OSJA review and all respondent documentation if any.

(f) Obtain/provide appropriate fund site information from DRM.

(2) Submit information to: 39<sup>th</sup> Finance, Hanau, (322-8805/9466), 39<sup>th</sup> Finance, Giessen (343-6519), 8<sup>th</sup> Finance Baumholder (485-6524), 8<sup>th</sup> Finance Battalion B Detachment, Wiesbaden (337-5563).

c. Local nationals:

(1) Required:

(a) Liability is limited to one month basic pay, some exceptions may apply (Housing: in the event gross negligence or willful misconduct of the occupant or gross negligence or intentional misconduct of the sponsors dependents, guests or pets is determined for the LDD to military housing the sponsor is liable for the full amount of the LDD).

(b) Must serve required notification three months after the date the commander or supervisor first learned of the LDD IAW USAREUR Regulation 690-62 Paragraph 7 (9)

(c) Must allow 30 calendar days to elapse from the date notification of assessment of financial liability has been mailed or hand delivered to the respondent before collection efforts may begin.



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SUBJECT: Standard Operating Procedures for Collecting Funds for Loss, Damage, or Destruction to Government Property

(d) A cover sheet regarding request to include statement requesting money to be taken from Local National's pay to include employee identification numbers.

(e) DD Form 200 (Financial Liability Investigation of Property Loss) with all exhibits to include OSJA review and all respondent documentation if any.

(2) Submit information via UPS (ensure tracking number is retained and kept on file) to the Office of Defense Cost (local national payroll office):

Aufsichts-und Dienstleistungsdirektion  
Lohnstelle auslandische Streitkrafte  
z. Hd. Herrn Michael Wolff  
Europaallee 7  
67657 Kaiserslautern  
CIV: 0631-8420 (general information)

4. Statement of Charges/Cash Collection Voucher: When a Soldier, DAC, or local national admits responsibility for LDD to government property and would like to pay for the LDD or voluntarily pays after assessment of financial liability for LDD (DD Form 200 must be initiated if the value of the LDD exceeds a Soldier or local national's 1 month base pay or 1/12 of a DA civilian's yearly pay).

a. Complete DD FORM 362 (Statement of Charges/Cash Collection Voucher).

b. Soldier, DAC, or local national will physically pay amount due to local Finance Office at 39<sup>th</sup> Finance, Hanau, (322-8805/9466), 39<sup>th</sup> Finance, Giessen (343-6519), 8<sup>th</sup> Finance Baumholder (485-6524), 8<sup>th</sup> Finance Battalion B Detachment, Wiesbaden (337-5563).

c. Soldier, DAC, or local national will return receipt to their respective Directorate of Logistics for further processing.

5. The point of contact is James Leinberger at DSN 323-2743, CIV 06181-180-2743, E-Mail: [james.leinberger@104asg.army.mil](mailto:james.leinberger@104asg.army.mil).

FOR THE COMMANDER:

  
ROBERT KANDLER  
Deputy to the Commander

DISTRIBUTION:

104<sup>th</sup> ASG, DOL

104<sup>th</sup> ASG, DOL, LOG EXEC, (IMEU-HAN-LG/GENE SCHENECK)

DEPARTMENT OF THE ARMY  
ORGANIZATIONAL NAME/TITLE  
CITY, STATE, AND ZIP CODE

OFFICE SYMBOL

(Date)

MEMORANDUM THRU (Respondent's commander or supervisor)

FOR (Respondent's name, grade and address)

SUBJECT: Financial Liability, Investigation of Property Loss (Number), (\$ Amount)

1. You are hereby notified that an approved charge of financial liability has been assessed against you by the United States Government, in the amount of (\$ amount) for the loss of Government property investigated under subject investigation of property loss.
2. Your attention is invited to AR 735-5, paragraph 13-4.2 which lists your rights relative to this matter. You have the right to—
  - a. Inspect and copy Army records relating to this debt.
  - b. Obtain legal advice relating to the assessment of financial liability per AR 27-3.
  - c. Request reconsideration of the assessment of financial liability. A request for reconsideration can be submitted only on the basis of legal error.
  - d. Request a hearing concerning the amount of the debt, or the terms of any proposed repayment schedule (applies to civilian employees only). A request for hearing will not be considered until after a request for reconsideration concerning the existence of the debt has been submitted and denied by the appellate authority. A respondent who wishes to challenge the existence of the debt must do so by submitting a request for reconsideration to the approving authority.
  - e. Request remission or cancellation of the indebtedness under the provisions of AR 600-4 (applies to enlisted personnel only). A request for remission or cancellation of the indebtedness will not be considered until respondent has submitted a request for reconsideration and it has been denied by the approval authority and the appellate authority.
  - f. Request extension of the collection period.
  - g. Submit an application to the Army Board for Correction of Military Records under the provisions of AR 15-185. Submitting such an application is not proper until other avenues of redress have been exhausted.
  - h. Enter into a written agreement with FACUSPFO to repay the debt by installment.
3. Submission of a request for reconsideration, a hearing, or remission or cancellation of indebtedness, stops all collection action, pending a decision on the request by the appropriate official. These rights are listed in the order in which they should be exercised.
  - a. You have thirty calendar days from the date of this memorandum to submit a request for reconsideration. Submit request for reconsideration to: (insert organization title and address).

Enclosure 1: Memo to Respondent Notifying Approval to Assess Liability

OFFICE SYMBOL

SUBJECT: Financial Liability, Investigation of Property Loss (Number), (\$ Amount)

b. Should your request for reconsideration be denied, you (applies to civilian employees only) have an additional 30 calendar days from the date of the reconsideration denial to submit a request for hearing. Submit request for hearing to: (insert the organization title and address of the servicing (FAO).

c. You (applies to enlisted personnel only) have thirty calendar days from the date of the notification of adverse action resulting from a request for reconsideration to submit a request for remission or cancellation of the indebtedness. Submit request for remission or cancellation of indebtedness to: (insert organization title and address).

d. When the rights in paragraph a through c above have been exercised and you have been notified you are still financially liable and must make reimbursement to the Government, you should immediately contact your servicing FAO/USPFO to determine how to avoid possible interest and/or penalty charges if payment is not immediately made.

e. Should all of these rights be denied, or you fail to exercise one of the rights within the appropriate time frame, your last avenue of redress is to make application to the Army Board for Correction of Military Records (ABCMR). Application to the ABCMR does not stop collection actions.

4. Should you have any questions concerning the above rights, you may contact my designated representative (insert name, grade, organization title and address) or the servicing Staff Judge Advocate office.

End  
Subject Investigation of Property Loss

Approving Authority's  
Signature Block  
and Signature

OFFICE SYMBOL

1st End

(Date)

THROUGH (Respondent's commander or supervisor)

FOR (Approving Authority's name, grade and address)

I hereby acknowledge receipt of notice of the assessment of financial liability contained in the basic correspondence. I am aware of my rights as listed in the basic correspondence.

Respondent's  
Signature Block  
and Signature

\*Response from respondent not required if 30 days has elapsed from the day of mailing or hand delivery.

Enclosure 1 (Continued): Memo to Respondent Notifying Approval to Assess Liability



USAREUR Regulation 690-62

APPENDIX C, SAMPLE NOTIFICATION TO LOCAL NATIONAL EMPLOYEE OF  
DETERMINATION OF PECUNIARY LIABILITY

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(Agency Letterhead)

Office Symbol

SUBJECT: Pecuniary Liability in the Amount of € 1,980  
DA Form 4697 (Report No. 15-83)

THRU: Commander  
85th Civilian Support Group  
APO 09888  
  
(Superintendent or Supervisor)  
8899th Civilian Support Group  
APO 09999

TO: Mr. Karl-Heinz Schneeberg  
8899th Civilian Support Group  
APO 09999

1. After careful investigation of all available facts, it has been determined that, on 8 February 1983, you drove a US Army vehicle (i.e., truck, utility, 2 1/2 ton) at a speed that exceeded the speed limit by 40 kilometers per hour. As a consequence, you caused an accident that resulted in damages of approximately \$4,000 to the US Forces.

2. \*You are hereby notified that you are held pecuniarily liable by your employing organization in the amount of € 1,980. This determination of liability is made by authority of the Secretary of the Army and in accordance with USAREUR Regulation 690-62. Details of the findings under which you have been held pecuniarily liable are contained in the DA Form 4697 (Department of Army Report of Survey) file, which is maintained by the chief of your agency and which you may examine.

3. Collection of this amount will be made as prescribed in USAREUR Regulation 690-62, paragraph 9.

Authority Line:

(Appropriate Signature Block)

\*NOTE: In the event that notification is given in accordance with basic regulation, paragraph 8c, the following paragraph should be used instead of the paragraph indicated above:

2. You are hereby notified that you are held pecuniarily liable in the amount of approximately € 2,000 based on substantial evidence that shows you are responsible for the (loss) (damage) (destruction). Details concerning the basis under which you have been held pecuniarily liable may be obtained, through the chief of your agency, from the surveying officer. You will be informed about the exact amount for which you are held pecuniarily liable after completion of the DA Form 4697 (Department of Army Report of Survey) still being processed.

Enclosure 2: Memo to LN Respondent Notifying Intent to Assess Liability

| TRANSMITTAL RECORD   |  | 1. SECURITY CLASSIFICATION   | 2. SHIPMENT NO.             |
|--|--|--|-----------------------------|
| For use of this form, see AR 25-50; the proponent agency is DCSPER |  |  |                             |
| 3. TITLE/FILE IDENTIFICATION                                       |  | 4. AS OF DATE (YYYYMMDD)   | 5. SHIPMENT DATE (YYYYMMDD) |
| 6. AUTHORITY FOR SHIPMENT  |  | 7. NUMBER OF RECORDS TRANSMITTED   |                             |
| 8. PERSON TO CONTACT (Name and telephone)                          |  | 9. REQUIREMENT CONTROL SYMBOL (AR 335-15)  |                             |
| 10. SHIPPED FROM   |  | 11. SHIPPED TO   |                             |
|  |  | <input type="checkbox"/> RETURN RECEIPT REQUESTED (When box is checked, sign below and return copy to sender.) |                             |
| 10a. TYPED NAME AND TITLE OF SENDER                                |  | 11a. TYPED NAME AND TITLE OF RECEIVER  |                             |
| 10b. SIGNATURE OF SENDER   |  | 11b. SIGNATURE OF RECEIVER AND DATE  |                             |
| 12. TYPE OF MEDIA TRANSMITTED                                      |  |  |                             |
| <input type="checkbox"/> HAND COPY                                 | <input type="checkbox"/> PUNCHED CARDS | <input type="checkbox"/> CASSETTES   | <input type="checkbox"/>    |
| <input type="checkbox"/> MICROFILM                                 | <input type="checkbox"/> PHOTO         | <input type="checkbox"/> FICHE   | <input type="checkbox"/>    |
| 13. NUMBER OF BOXES (Packages)                                     |  | 14. NUMBER OF ITEMS  |                             |
|  |  |  |                             |
| 15. METHOD OF SHIPMENT   |  |  |                             |
| <input type="checkbox"/> COURIER                                   | <input type="checkbox"/> FIRST CLASS   | <input type="checkbox"/> PARCEL POST   | <input type="checkbox"/>    |
| <input type="checkbox"/> EXPRESS MAIL                              | <input type="checkbox"/> REGISTERED    | <input type="checkbox"/>   | <input type="checkbox"/>    |
| 16. SPECIAL INSTRUCTIONS   |  |  |                             |
|  |  |  |                             |
| 17. TYPE COMPONENT USED (For magnetically recorded data)           |  |  |                             |
|  |  |  |                             |
| 18. REMARKS  |  |  |                             |
|  |  |  |                             |

DA FORM 200, SEP 1998

PREVIOUS EDITIONS ARE OBSOLETE

USAPA V1 CG

Enclosure 3: DA Form 200, Transmittal Record

| FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS  |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PRIVACY ACT STATEMENT</b>  |  |   |  |  |  |
| <b>AUTHORITY:</b> 10 USC 2775; DoD Directive 7200.11; EO 9397.<br><br><b>PRINCIPAL PURPOSE(S):</b> To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification. |  |   | <b>ROUTINE USE(S):</b> None.<br><br><b>DISCLOSURE:</b> Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable. |  |  |
| 1. DATE INITIATED (YYYYMMDD)  |  | 2. INQUIRY/INVESTIGATION NUMBER             |  | 3. DATE LOSS DISCOVERED (YYYYMMDD)   |  |
| 4. NATIONAL STOCK NO.   |  | 5. ITEM DESCRIPTION                         |  | 6. QUANTITY<br><br>7. UNIT COST<br><br>8. TOTAL COST<br>0.00   |  |
| 9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one)<br><i>(Attach additional pages as necessary)</i>  |  |   |  | <input type="checkbox"/> LOST <input type="checkbox"/> DAMAGED <input type="checkbox"/> DESTROYED  |  |
| 10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES <i>(Attach additional pages as necessary)</i>   |  |   |  |  |  |
| 11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10   |  |   |  |  |  |
| a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)  |  | b. TYPED NAME (Last, First, Middle Initial) |  | c. DSN NUMBER  |  |
|   |  | d. SIGNATURE                                |  | e. DATE SIGNED   |  |
| 12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)    REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)   |  |   |  |  |  |
| a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one)<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | b. COMMENTS/RECOMMENDATIONS                 |  |  |  |
| c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)  |  | d. TYPED NAME (Last, First, Middle Initial) |  | e. DSN NUMBER  |  |
|   |  | f. SIGNATURE                                |  | g. DATE SIGNED   |  |
| 13. APPOINTING AUTHORITY  |  |   |  |  |  |
| a. RECOMMENDATION (X one)<br><br><input type="checkbox"/> APPROVE<br><input type="checkbox"/> DISAPPROVE  |  | b. COMMENTS/RATIONALE                       |  | c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO                           |  |
| d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)  |  | e. TYPED NAME (Last, First, Middle Initial) |  | f. DSN NUMBER  |  |
|   |  | g. SIGNATURE                                |  | h. DATE SIGNED   |  |
| 14. APPROVING AUTHORITY   |  |   |  |  |  |
| a. RECOMMENDATION (X one)<br><br><input type="checkbox"/> APPROVE<br><input type="checkbox"/> DISAPPROVE  |  | b. COMMENTS/RATIONALE                       |  | c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |  |
| d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)  |  | e. TYPED NAME (Last, First, Middle Initial) |  | f. DSN NUMBER  |  |
|   |  | g. SIGNATURE                                |  | h. DATE SIGNED   |  |

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 4: DD Form 200, Financial Liability Investigation of Property Loss



|   |  |                                     |
|---|--|-------------------------------------|
| <b>15. FINANCIAL LIABILITY OFFICER</b>  |  |                                     |
| a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>   |  |                                     |
|   |  |                                     |
| b. DOLLAR AMOUNT OF LOSS  | c. MONTHLY BASIC PAY   | d. RECOMMENDED FINANCIAL LIABILITY  |
| e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>                                     | f. TYPED NAME <i>(Last, First, Middle Initial)</i>                 | g. DSN NUMBER                       |
|   | h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i> | i. DATE APPOINTED <i>(YYYYMMDD)</i> |
|   | j. SIGNATURE   | k. DATE SIGNED                      |
| <b>16. INDIVIDUAL CHARGED</b>   |  |                                     |
| a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>                             |  |                                     |
| <input type="checkbox"/> Submit the attached statement of objection. <input type="checkbox"/> Do not intend to make such a statement. |  |                                     |
| b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.                                   |  |                                     |
| c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>                                     | d. TYPED NAME <i>(Last, First, Middle Initial)</i>                 | e. SOCIAL SECURITY NUMBER           |
|   | g. SIGNATURE   | h. DATE SIGNED                      |
| f. DSN NUMBER   |  |                                     |
| <b>17. ACCOUNTABLE OFFICER</b>  |  |                                     |
| a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD  |  |                                     |
| b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>                                     | c. TYPED NAME <i>(Last, First, Middle Initial)</i>                 | d. DSN NUMBER                       |
|   | e. SIGNATURE   | f. DATE SIGNED                      |

DD FORM 200 (BACK), OCT 1999

Enclosure 4 (Continued): DD Form 200, Financial Liability Investigation of Property Loss

| REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES<br>BY SALARY OFFSET   |    |                           |   |             |                                    |                      |
|--|----|---------------------------|---|-------------|------------------------------------|----------------------|
| <b>1. PAYING AGENCY IDENTIFICATION</b>   |    |                           | <b>2. EMPLOYEE IDENTIFICATION</b>             |             |                                    |                      |
| a. NAME  |    |                           | a. NAME (Last, First, Middle Initial)         |             |                                    |                      |
| b. ADDRESS (Street, City, State and Zip Code)  |    |                           | b. ADDRESS (Street, City, State and Zip Code) |             |                                    |                      |
|  |    |                           | c. DATE OF BIRTH                              |             | d. SOCIAL SECURITY NUMBER          |                      |
| <p>To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.</p>   |    |                           |   |             |                                    |                      |
| <b>3. DEBT INFORMATION</b>   |    |                           |   |             |                                    |                      |
| a. REASON FOR DEBT   |    |                           |   |             |                                    |                      |
| b. DATE RIGHT TO COLLECT ACCRUED   |    |                           | c. DEBT IDENTIFICATION NUMBER, IF ANY         |             |                                    |                      |
| d. ORIGINAL DEBT AMOUNT  | \$ | e. NUMBER OF INSTALLMENTS |   | @ (1)       | Amount (2)                         |                      |
| f. INTEREST DUE (If none, show NONE)   | \$ |                           |   |             | \$ 0.00                            |                      |
| g. PENALTY DUE (If none, show NONE)  | \$ |                           |   |             | \$ 0.00                            |                      |
| h. ADMINISTRATIVE COST (If none, show NONE)  | \$ |                           |   |             | 0.00                               |                      |
| i. TOTAL COLLECTION TO BE MADE   |    | 0.00                      |   |             |                                    |                      |
| j. COMMENCE DEDUCTIONS ON (first date)   |    |                           |   |             |                                    |                      |
| <b>4. DUE PROCESS</b> (If applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgment or consent.)  |    |                           |   |             |                                    |                      |
|  |    | Date Action Taken (1)     | Acknowledgment (2)                            | Consent (3) |                                    |                      |
| a. CREDITOR COMPONENT 30 DAY SALARY OFFSET NOTICE  |    |                           |   |             | d. HEARING HELD                    |                      |
| b. EMPLOYEE DID NOT RESPOND (Consent assumed)  |    |                           |   |             | e. DECISION FOR CREDITOR COMPONENT |                      |
| c. EMPLOYEE REQUESTED A HEARING  |    |                           |   |             | f. OTHER (Specify)                 |                      |
| <p><b>I certify the following:</b></p> <p>(1) The debt identified above is properly due the United States from the named employee in the amount shown;</p> <p>(2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management; and</p> <p>(3) The information concerning this Component's and the employee's actions is correct as stated.</p> |    |                           |   |             |                                    |                      |
| <b>5. CREDITOR COMPONENT INFORMATION</b>   |    |                           |   |             |                                    |                      |
| a. NAME  |    |                           | b. APPROPRIATION/FUND                         |             |                                    |                      |
|  |    |                           | (1) Title                                     |             | (2) Symbol No.                     |                      |
| c. ADDRESS (Street, City, State and Zip Code)  |    |                           | d. DISBURSING OFFICER                         |             |                                    |                      |
|  |    |                           | (1) Name (Last, First, Middle Initial)        |             | (2) Symbol No.                     |                      |
| e. CERTIFYING OFFICIAL   |    |                           |   |             |                                    |                      |
| (1) Signature  |    |                           |   |             |                                    | (2) Date Signed      |
| (3) Title  |    |                           |   |             |                                    | (4) Telephone Number |

DD Form 2481, APR 86

Enclosure 5: DD Form 2481, Request for Recovery of Debt due the US by Salary Offset



DD Form 2481  
REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES  
BY SALARY OFFSET

*(Debt Claim Form)*

AUTHORITY: DoD Instruction 7045.18

**GUIDELINES FOR USE OF FORM**

The information requirements for this form are rather obvious and with the exception of entry 3.e., the information can be obtained from the records of the Creditor Component. The Creditor Component must rely on the Paying Agency's cooperation and assistance in ascertaining a debtor's disposable pay. We recommend that DoD Components contact the Paying Agency to get the amount of disposable pay, compute the appropriate proposed installment payments and include the computed amount in the final demand notice to the debtor. This will ensure that the proposed installment payments are correct and assist the debtor in making a judgment on whether to challenge the amount of the proposed installment deduction.

This debt claim form has been designed primarily for requesting recovery of a debt by salary offset and certifying that due process has been completed when a debtor has not: responded to a demand for payment; requested a hearing; or refuted the Creditor Component's proposed installment deductions.

Regulations limit installment payments to 15 percent of a debtor's disposable pay, unless the debtor has authorized a larger amount to be withheld. The Creditor Component is required to designate on the debt claim form the number of installments and the amount of each installment when requesting offset from the Paying Agency. However, if the Creditor Component has not been successful in obtaining a debtor's disposable pay, entry 3.e. may be completed by including the words, "15 percent of disposable pay." In this case, entry 3.i. would be left blank.

DD Form 2481, APR 86

Enclosure 5 (Continued): DD Form 2481, Request for Recovery of Debt due the US by Salary Offset



